

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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2013 JAN 16 PM 1:09

OFFICE OF THE CITY CLERK  
CITY OF MIAMI, FL

I, RALPH ROSADO

candidate for the office of CITY OF MIAMI, COMMISSIONER DISTRICT 4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

*Ralph Rosado*

Signature of Candidate

1/16/12

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE:** This form must be on file with the qualifying officer before opening the campaign account.

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**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

RALPH ROSADO

**3. Address** (include post office box or street, city, state, zip code)

1800 CORAL WAY  
PO BOX 452521  
MIAMI, FL 33245

**4. Telephone**

(305 ) 588-4364

**5. E-mail address**

ralph@ralphrosado.com

**6. Office sought** (include district, circuit, group number)

CITY OF MIAMI, COMMISSIONER DISTRICT 4

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☒ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer    ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

RALPH ROSADO

**11. Mailing Address**

PO BOX 452521

**12. Telephone**

( 305 ) 588-4364

**13. City**

MIAMI

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33245

**17. E-mail address**

RALPH@RALPHROSADO.COM

**18. I have designated the following bank as my** ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

CHASE BANK

**20. Address**

2209 SW 37 AVENUE

**21. City**

MIAMI

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33145

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

1/16/12

**26. Signature of Candidate**

X

*Ralph Rosado*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, RALPH ROSADO, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

1/16/12

Date

X

*Ralph Rosado*

Signature of Campaign Treasurer or Deputy Treasurer

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**9. I have appointed the following person to act as my** ☐ Campaign Treasurer    ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

JEANNINE R. MIRANDA

**11. Mailing Address**

95 MERRICK WAY, SUITE 250

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33134

**17. E-mail address**

jen@riescoandcompany.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

CHASE BANK

**20. Address**

2209 SW 37 AVENUE

**21. City**

MIAMI

**22. County**

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**25. Date**

1/16/12

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, JEANNINE R. MIRANDA, do hereby accept the appointment

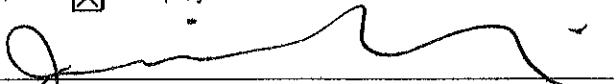
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

1/16/13  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

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**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

JOSE A. RIESCO, CPA

**11. Mailing Address**

95 MERRICK WAY, SUITE 250

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

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**25. Date**

1/16/12

**26. Signature of Candidate**

X

*Ralph Rosado*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, JOSE A. RIESCO, CPA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

Date

1/16/13

X

Signature of Campaign Treasurer or Deputy Treasurer